

**CERTIFIED LICENSE HISTORY REQUEST**

RE 293 (Rev. 11/93)

**INSTRUCTIONS**

- ❖ Complete all information requested. Incomplete or unclear requests will be returned.
- ❖ Allow four weeks for processing.
- ❖ Please type or print clearly in ink.
- ❖ Mail completed request and fee to:  
Department of Real Estate  
Attn: Licensing  
P. O. Box 187000  
Sacramento, CA 95818-7000.
- ❖ Call (916) 227-0931 if you have any questions.

**GENERAL INFORMATION**

- ❖ License histories cover the preceding five year period unless otherwise requested in the "comment" section.
- ❖ Statutory course information is not maintained on record and cannot be verified.
- ❖ Some states require the license certification be mailed directly to them — please verify before completing the "mailing address" section.

**CERTIFIED LICENSE HISTORY TYPE — CHECK ONE BOX ONLY**☐ **For other states — \$20.00**

Contains a history of the preceding five year period (unless otherwise requested), state seal, signature of custodian of record, any disciplinary action taken, current license status, date first licensed and expiration date.

**Specify State:** \_\_\_\_\_☐ **For general or legal purposes — \$20.00**

Contains a detailed history of the preceding five year period (unless otherwise requested), state seal, signature of custodian of record, any disciplinary action taken, date first licensed and expiration date.

**HISTORY BEING REQUESTED ON THE FOLLOWING LICENSEE**

FULL NAME OF LICENSEE \_\_\_\_\_

STREET ADDRESS OR POST OFFICE BOX \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

LICENSE IDENTIFICATION NUMBER \_\_\_\_\_

LICENSE EXPIRATION DATE \_\_\_\_\_

LICENSE TYPE (CHECK ONE)

☐ BROKER☐ SALESPERSON☐ CORPORATION

ADDITIONAL REQUESTS OR COMMENTS \_\_\_\_\_

**MAILING ADDRESS****Mail history to:** (Check one)☐ Licensee at the address listed above.☐ State agency listed below.☐ Individual listed below.

NAME \_\_\_\_\_

STREET ADDRESS OR POST OFFICE BOX \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

**REQUESTOR INFORMATION**

NAME OF REQUESTOR — WHOM MAY WE CONTACT IN REGARD TO THIS REQUEST? \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_